

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31528

Registration District No. 1943 8 2

Primary Registration District No. 4443 3017

Registrar's No. 124

1. PLACE OF DEATH:

(a) County **COOPER**
(b) City or town **BOONVILLE**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **ALEX VAN RAVENSWAAY HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **ONE WEEK** (Specify whether)
In this community **ONE WEEK** (Specify whether)
years, months or days)

3. (a) PRINT FULL NAME **OTTO WILLIAM TOPEL**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **NONE**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **FLORENCE V. TOPEL** 6. (c) Age of husband or wife if alive **33** years
7. Birth date of deceased **SEPTEMBER 10 1909**
(Month) (Day) (Year)

8. AGE: Years **34** Months **0** Days **16** If less than one day
hr. min.

9. Birthplace **COOPER COUNTY MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business **FARMING**

12. Name **ALBERT F. TOPEL**

13. Birthplace **OSAGE COUNTY MISSOURI**
(City, town, or county) (State or foreign country)

14. Maiden name **EMELIA CZESCHIN**

15. Birthplace **OSAGE COUNTY MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **HAROLD TOPEL**

(b) Address **BLACKWATER, MISSOURI**

17. (a) **BURIAL** (b) Date thereof **SEPT. 27, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **ARROW ROCK CEMETERY**

18. (a) Signature of funeral director **STEGNER & KOENIG**

(b) Address **BOONVILLE, MO.**

19. (a) **Sept. 28-43** (b) **Dr. Ches. Swap**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **COOPER** 027
(c) City or town **BLACKWATER (RURAL)** 0
(If outside city or town limits, write "RURAL")
(d) Street No. **R.F.D. HIGHWAY 41**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **SEPTEMBER** day **26th**
year **1943** hour **2:00** minute **30** P. M.

21. I hereby certify that I attended the deceased from **Sept 26** 1943;
that I last saw him alive on **Sept 26, 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Encephalitis leucogenica. 1 week**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) **37a**

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature **Albert F. Topel** (M. D. or other)
Address **Boonville, Mo** Date signed **9-28-43**

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 10-1-43

NOV 17 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed _____

James W. Segner

Licensed Embalmer No. 3780

P. O. Address Boonville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.